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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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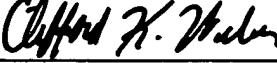
(to be used for all correspondence after initial filing)

		Application Number	09/435,249
		Filing Date	11/05/1999
		First Named Inventor	SCHNEIDER, Jay S.
		Group Art Unit	1635
		Examiner Name	Antione Royall
Total Number of Pages in This Submission	27	Attorney Docket Number	SCH01-C1001

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>CPA transmittal, Specification and Sequence Listing</b>	
			<input type="checkbox"/> Assignment Papers (for an Application)
			<input type="checkbox"/> Drawing(s)
			<input type="checkbox"/> Licensing-related Papers
			<input type="checkbox"/> Petition
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			<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
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Remarks			

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Clifford K. Weber
Signature	
Date	July 3, 2001

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

ATTORNEY DOCKET NO.: SCH01-C1001

TITLE:

Treatment for Parkinson's Disease With  
Oligonucleotides

INVENTOR(S):

SCHNEIDER, Jay S.

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By *Clifford K. Weber*

Clifford K. Weber

Assistant Commissioner for Patents  
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Washington, DC 20231

Sir:

Transmitted herewith for filing, please find the following:

1. Transmittal Form
2. Fee Transmittal Form
3. CPA Transmittal (2 Copies)
4. Specification
5. Paper copy Gene Sequence Listing
6. Certificate of Express Mailing

Respectfully submitted,

*Clifford K. Weber*

Clifford K. Weber  
Registration No. 42,215

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JUL 05 2001

PTO/SB/29 (2/98)

Approved for use through 09/30/2000. OMB 0651-0032

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CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 C.F.R. § 1.16(c) or (j))	22 -20* =	2	x \$ 18.00 =	\$ 36.00
	INDEPENDENT CLAIMS (37 C.F.R. § 1.16(b) or (i))	10 -3** =	7	x \$ 80.00 =	\$560.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 C.F.R. § 1.16(d))				
	BASIC FEE (37 C.F.R. § 1.16)				
	Total of above Calculations =				
	Reduction by 50% for filing by small entity (Note 37 C.F.R. §§ 1.9, 1.27 & 1.28).				
	* Reissue claims in excess of 20 and over original patent.				
	** Reissue independent claims over original patent.				
	TOTAL = \$653.00				

6. Small entity status:

- a.  A small entity statement is enclosed, if (b) and (c) do not apply.
- b.  A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
- c.  Is no longer claimed.

7. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50 - 0491:

- a.  Fees required under 37 C.F.R. § 1.16.
- b.  Fees required under 37 C.F.R. § 1.17.
- c.  Fees required under 37 C.F.R. § 1.18.

8.  A check in the amount of \$\_\_\_\_\_ is enclosed.

9.  Other: .....

**NOTE:** *The prior application's correspondence address will carry over to this CPA  
UNLESS a new correspondence address is provided below.*

**10. NEW CORRESPONDENCE ADDRESS**

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**11. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Name (Print /Type) Clifford K. Weber

Signature 

Registration No. (Attorney/Agent) 42,215

Date July 3, 2001